SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. DEP. IND. DEP. IND. DEP. IND. DEP. IND. IND. DEP. *jo* 1 51 102 : 52 11/3 / 5<u>3</u> 54 724 55 , (5 1 / 56 /(6 H. 7 57 **1/28** 1 58 ₽9 59 / 110 60 / 11 61 / 12 62 | 13 63 64 14 / 15 65 7 66 116 1 17 / 67 į 18 / 68 1 19 / 69 i **20** 70 21 71 / 22 72 23 73 24 / 74 25 / 75 26 / 76 27 77 28 78 29 79 30 1 80 31 81 32 82 33 i 83 34 84 35 85 36 86 37 87 38 88 39 89 40 90 41 91 42 92 43 93 44 94 45 95 96 46 47 97 98 48 99 49 100 50 TOTAL TOTAL TOTAL DEP. TOTAL DEP. 28 TOTAL CLAIMS